

Please type a plus sign (+) inside this box →

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p style="text-align: center;">UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i></p>		Attorney Docket No.	396.42855X00	
		First Inventor	KATO, KINJI	
		Title	PROCESS FOR PRODUCTION OF POLYALKYL-SUBSTITUTED AROMATIC ALDEHYDE	
		Express Mail Label No.		
<p style="text-align: center;">APPLICATION ELEMENTS <i>SEE MPEP chapter 600 concerning utility patent application contents.</i></p>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231		<p style="writing-mode: vertical-rl; transform: rotate(180deg);">21906 U.S. PTO 10/615297 07/09/03</p>
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)			
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission <i>if applicable, all necessary</i>			
3. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i>	a. <input type="checkbox"/> Computer Readable Form (CRF)			
-Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (<i>if filed</i>) -Detailed Description -Claim(s) -Abstract of the Disclosure	b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper			
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Pages: _____]	c. <input type="checkbox"/> Statements verifying identity of above copies			
5. Oath or Declaration [Total Pages: 2]	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s))			
a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 18 completed)</i>	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)	11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)			
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____	13. <input type="checkbox"/> Preliminary Amendment			
	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>			
	15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>			
	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.			
	17. <input checked="" type="checkbox"/> Other: Credit Card Payment Form			

Prior application information: Examiner: _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		020457		or <input type="checkbox"/> Correspondence address below <i>(Insert Customer No. or Attach bar code label here)</i>	
Name	ANTONELLI, TERRY, STOUT & KRAUS, LLP				
Address					
City		State		Zip Code	
Country		Telephone	(703) 312-6600	Fax	(703) 312-6666
Name	William I. Solomon		Registration No. (Attorney/Agent)	28,565	
Signature	<i>William I. Solomon</i>			Date	July 9, 2003

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

07/05/03
U.S.
PTO

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

		Complete if Known																															
		Application Number																															
		Filing Date		July 9, 2003																													
		First Named Inventor		KATO, KINJI																													
		Examiner Name																															
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit																															
TOTAL AMOUNT OF PAYMENT		(\$) 790.00		Attorney Docket No.																													
		METHOD OF PAYMENT (check all that apply)																															
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None																																	
<input checked="" type="checkbox"/> Deposit Account:																																	
Deposit Account Number 01-2135																																	
Deposit Account Name Antonelli, Terry, Stout & Kraus, LLP																																	
The Commissioner authorized to: (check all that apply)																																	
<input type="checkbox"/> Charge fees indicated below <input checked="" type="checkbox"/> Credit any overpayments																																	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application																																	
<input type="checkbox"/> Charge fees indicated below, except for the filing fee to the above-identified deposit account.																																	
FEES CALCULATION																																	
1. BASIC FILING FEE <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001 375</td><td>Utility filing fee</td></tr> <tr><td>1002</td><td>330</td><td>2002 165</td><td>Design filing fee</td></tr> <tr><td>1003</td><td>520</td><td>2003 260</td><td>Plant filing fee</td></tr> <tr><td>1004</td><td>750</td><td>2004 375</td><td>Reissue filing fee</td></tr> <tr><td>1005</td><td>160</td><td>2005 80</td><td>Provisional filing fee</td></tr> <tr> <td colspan="2"></td> <td>SUBTOTAL (1)</td> <td>750.00</td> </tr> </tbody> </table>						Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	1001	750	2001 375	Utility filing fee	1002	330	2002 165	Design filing fee	1003	520	2003 260	Plant filing fee	1004	750	2004 375	Reissue filing fee	1005	160	2005 80	Provisional filing fee			SUBTOTAL (1)	750.00
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																														
1001	750	2001 375	Utility filing fee																														
1002	330	2002 165	Design filing fee																														
1003	520	2003 260	Plant filing fee																														
1004	750	2004 375	Reissue filing fee																														
1005	160	2005 80	Provisional filing fee																														
		SUBTOTAL (1)	750.00																														
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>5</td><td>-20** = 0</td><td>x 18</td><td>= 0</td></tr> <tr><td>Indep. 1</td><td>-3** = 0</td><td>x 84</td><td>= 0</td></tr> <tr><td>Claims</td><td></td><td></td><td></td></tr> <tr><td>Multiple Dependent</td><td></td><td>280</td><td>= 0</td></tr> <tr> <td colspan="2"></td> <td>SUBTOTAL (2) \$ 0.00</td> <td></td> </tr> </tbody> </table>						Total Claims	Extra Claims	Fee from below	Fee Paid	5	-20** = 0	x 18	= 0	Indep. 1	-3** = 0	x 84	= 0	Claims				Multiple Dependent		280	= 0			SUBTOTAL (2) \$ 0.00					
Total Claims	Extra Claims	Fee from below	Fee Paid																														
5	-20** = 0	x 18	= 0																														
Indep. 1	-3** = 0	x 84	= 0																														
Claims																																	
Multiple Dependent		280	= 0																														
		SUBTOTAL (2) \$ 0.00																															
<small>**or number previously paid, if greater; For Reissues, see above.</small>																																	
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 40.00)																																	
SUBMITTED BY																																	
Complete (if applicable)																																	
Name (Print/Type)	William L Solomon		Registration No. (Attorney/Agent)	28,565	Telephone 703-312-6600																												
Signature	<i>William L Solomon</i>		Date	July 9, 2003																													

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.